

IMPORTANT INFORMATION

The Clerk of Court now offers "Auto Pay". This program allows us to withdraw your child support/spousal support payments directly from your banking account. Auto Pay is available to obligors who do not have an active Order of Assignment (Wage Assignment). Auto Pay saves time and prevents delays of lost/stolen checks, allowing for your support payments to be withdrawn from your designated account on a designated date.

If you are interested in the Auto Pay program, please complete the Authorization Agreement for Automatic Support Payments form, and return it to DCSE - Auto Pay, P.O. Box 36626, Phoenix, AZ. 85067, Attention: Accounts Receivable. Allow 2-3 weeks for establishment of the "Auto Pay". In the interim, you are responsible to pay your monthly obligation.

Once your Auto Pay is in place, should you have an Order of Assignment (Wage Assignment) reactivated, or a new Order of Assignment (Wage Assignment) entered, please contact the Clerk's Office immediately so that we may cancel your Auto Pay to avoid you being double charged for your support obligation.

Should you change banks and/or account numbers, please contact us immediately.

Should you require further information, please call us at 602-506-3762.

AUTHORIZATION AGREEMENT FOR AUTOMATIC SUPPORT PAYMENTS

☐ Request to establish a new auto pay account

☐ Request to change the existing auto pay account

If you fail to provide all the information requested on this form, your request will not be processed and this form will be returned to you.

I authorize the Arizona central support payment Clearinghouse or its authorized agent under **A.R.S. §46-441** to begin electronic monthly deductions (electronic funds transfers) from my checking/savings account to pay the support court order amount in my ATLAS case. I authorize the financial institution listed below to accept and to charge or credit my account and make corrections, if necessary. My account can be credited if any erroneous electronic debit entry amounts were processed.

I understand that if I have any reason to believe that I have fulfilled my obligation, I must contact the Clearinghouse before my account is changed and *that changes to this Autopay method do not affect the status of my obligation to pay support*. This authorization will stay in effect until I provide written notice to Clearinghouse or its authorized agents of its termination in such time and in such manner as to allow the Clearinghouse or its agents five (5) business days to act on it. I understand that the Clearinghouse or its authorized agents may terminate this authorization by mailing the notice to my last known mailing address.

I will keep the Division of Child Support Enforcement or its agent informed of any address change that may occur. I understand that failure to do so will result in undelivered support payments.

Please complete the requested information below, sign and mail the completed authorization form with a voided check to the Division of Child Support Enforcement Attention: Auto Pay Unit at P.O. Box 36626, Phoenix, AZ 85067.

BASIC CASE INFORMATION:

ATLAS Case No.: _____ Court Order No.: _____ County: _____

Name: _____ Social Security No.: _____ / _____ / _____ Current support amount: \$ _____
(Plus monthly handling fee of \$2.25)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone No.: (____) _____

DEBITING INFORMATION:

FINANCIAL/BANK INFORMATION:

Check one: ☐ Savings Acct. ☐ Checking Acct.

Financial Institution Name: _____

Account Number _____

Bank Routing Number _____

Account Owner Name _____

Secondary Owner Name _____

DEDUCTIONS 1 TIME PER MONTH	
/ /	\$
Date to Debit Account	Amount + Fee



DEDUCTIONS 2 TIMES PER MONTH			
/ /	\$	/ /	\$
Date to Debit Account	Amount + Fee	Date to Debit Account	Amount

SIGNATURE _____

DATE _____

For official use only:

☐

IV-D case

☐

Non-IV-D case